



Permit Application for Waste Transportation

DEP USE ONLY

Please complete this form in accordance with the instructions (DEP-WEED-INST-400), CGS Section 22a-454 for hazardous waste transportation and RCRA Section 22a-209-15 for biomedical waste transportation, in order to ensure the proper handling of your application. Print or type unless otherwise noted.

Part I: Application Type

This application is for (check one):

- ☐ A *new* permit
☐ A renewal of an *existing* permit

Please provide:

1. EPA I.D. number:
2. Existing permit number:
3. U.S. DOT #

Part II: Permit Type and Fee Information (check all that apply)

Please note: the application fee(s) listed below have increased effective August 21, 2003.

- | | |
|---|--|
| <input type="checkbox"/> Hazardous Waste Transporter (RCRA and non-RCRA) | |
| <input type="checkbox"/> \$750.00 (one-year permit) | <input type="checkbox"/> \$1,500.00 (two-year permit) |
| <input type="checkbox"/> \$2,250.00 (three-year permit) | <input type="checkbox"/> \$3,000.00 (four-year permit) |
| <input type="checkbox"/> Spill Clean-Up Contractor (<i>you must also apply for a one year Hazardous Waste Transporter Permit</i>) | \$750.00 (one-year permit) |
| <input type="checkbox"/> Biomedical Waste Transporter | \$1,500.00 (two-year permit) |

Part III: Applicant Information

1. Fill in the name and phone number of the applicant as indicated on the *Permit Application Transmittal Form* (DEP-APP-001) and if applicable fill in the company name, the FEIN number and the location address.

Applicant:

Company Name:

FEIN number:

Phone:

ext.

Location address, if different than mailing address:

Part III: Applicant Information (continued)

2. List primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Contact Person:

Title:

3. List attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Attorney:

4. Legal Owner(s):

☐ Check if additional sheets are attached.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Contact Person:

Title:

Owner Type (check one): ☐ Proprietorship ☐ Partnership ☐ Corporation

If a corporation, complete the following:

Date of Incorporation:

City:

State:

List the names, titles and addresses of all corporate officers:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Title:

Continue on next page with additional corporate officers.

Part III: Applicant Information (continued)

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Title:

☐ Enter a check mark if additional sheets are attached.

5. Does the applicant or owner(s) stated in item 4, including all partners and corporate officers, engage in other activities or own other companies that transport, treat, store, recover, or dispose of oil and chemical waste, hazardous waste, and/or biomedical waste? ☐ Yes ☐ No

If yes was checked, identify the owners of such companies or activities, the name of the company, the company address and the type of activities performed.

☐ Enter a check mark if additional sheets are attached.

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Part IV: Activity or Company Information

Type of Business

1. Enter a check mark for all waste types that the applicant is in the business of transporting or proposes to transport:
☐ Non-RCRA Hazardous Waste ☐ RCRA Hazardous Waste ☐ Biomedical Waste
2. Will the applicant engage in the transfer of hazardous waste from one vehicle to another or one mode of transport to another in the State of Connecticut? ☐ Yes ☐ No
3. Is the applicant a generator of hazardous waste who transports 1,000 Kg or greater of their own hazardous waste in a calendar month to an off-site facility? ☐ Yes ☐ No
4. List the number of terminals that the applicant operates in Connecticut:
Identify the terminal managers of each of the terminals located in Connecticut.
☐ Check if additional sheets are attached.

Name:

Terminal Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Name:

Terminal Address:

City/Town:

State:

Zip Code:

Business Phone: ext.

Fax:

Driver Training

5. Please check each item to verify that the following driver training requirements have been met:
 - ☐ a. All drivers engaged in the handling and/or transport of hazardous materials are trained in proper emergency response for the types of wastes transported in accordance with Sections 22a-449(c)-100 through 110 and RCRA Section 22a-449(c)-11.
 - ☐ b. All drivers engaged in the transportation of wastes which are hazardous materials are in compliance with all applicable Hazardous Materials Regulations of Title 49 of the Code of Federal Regulations (CFR).
 - ☐ c. Employers/Employees engaged in emergency response as defined in Occupational Safety and Health Administration Regulations 29 CFR 1910.120,(a),(3) are in compliance with all applicable requirements of Title 29 of the CFR.

General Information

6. Do you desire to be on our Public List of Waste Transporters? ☐ Yes ☐ No

Part V: Supporting Documents

Be sure to read the instructions (DEP-WEED-INST-400) to determine whether the attachments listed are applicable to your specific activity. Please enter a check mark by the attachments as verification that *all applicable* attachments have been submitted with this permit application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: *List of Transporter Permits Held in Other States* (DEP-WEED-APP-401)
- ☐ Attachment B: *Vehicle List* (DEP-WEED-APP-402)
- ☐ Attachment C: *Vehicle Inspection Information*
- ☐ Attachment D: *Certificate of Insurance and MCS-90 Forms*
- ☐ Attachment E1: *List of Wastes: Non-RCRA Hazardous Waste* (DEP-WEED-APP-403)
- ☐ Attachment E2: *List of Wastes: RCRA Hazardous Waste* (DEP-WEED-APP-404)
- ☐ Attachment E3: *List of Wastes: Biomedical Waste* (DEP-WEED-APP-405)
- ☐ Attachment F: *Spill control and safety equipment*
- ☐ Attachment G: *Spill Control Plan*
- ☐ Attachment H: *Driver Information*
- ☐ Attachment I: *Vehicle Decontamination Procedures*
- ☐ Attachment J: *Spill Clean-up Contractor Application* (DEP-WEED-APP-406)
- ☐ Attachment K: *Applicant Compliance Information Form* (DEP-APP-002)
- ☐ Attachment L: *Operational Plan (for biomedical waste transporter permits only)*
- ☐ Attachment M: *Management Plan (for biomedical waste transporter permits only)*

Part VI: Application Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this permit application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title (if applicable)



Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.

Attachment A: List of Transporter Permits Held in Other States

Applicant Name:

(as indicated on the *Permit Application Transmittal Form*)

Complete the table by listing each type of transporter permit held in another state, the state that issued each permit, the permit number and the permit expiration date.

Permit Type	State	Permit Number	Expiration Date

Attachment B: Vehicle List

Applicant Name:

(as indicated on the *Permit Application Transmittal Form*)

Complete the table by listing all vehicles (tractors and trailers) intended to be used for the transportation of waste in or *through* the State of Connecticut.

Year	Make	Type	Color (s)	State of Reg. & License Plate Number	Capacity	Address	Owner	Vehicle ID Number	* Dedicated Vehicle (yes or no)

* Applies to waste carrying portion of the vehicle only. If you indicate no in this column, attach a separate sheet identifying the materials transported in that particular vehicle, and identify the vehicle by listing the state the vehicle is registered in and the vehicle license plate number.

Attachment E1: List of Wastes

Non-RCRA Hazardous Waste:

Applicant Name:

(as indicated on the *Permit Application Transmittal Form*)

Complete the table by listing the type(s) of waste intended to be transported and the waste disposal information:

Waste Number	Waste Name	Source/Process Generating Waste	Physical and Chemical Characteristics of Waste	Waste Management Facility Name and Address	Facility Management Method(s)

Attachment E2: List of Wastes

RCRA Hazardous Waste [CGS Section 22a-449(c)]:

Applicant Name:

(as indicated on the *Permit Application Transmittal Form*)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

EPA Waste Number	Waste Name	Source/Process Generating Waste	Physical and Chemical Characteristics of Waste	Waste Management Facility Name and Address	Facility Management Method(s)

Attachment E3: List of Wastes

Biomedical Waste [CGS Section 22a-208(a)]:

Applicant Name:

(as indicated on the *Permit Application Transmittal Form*)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

Type of Waste (e.g., chemotherapy waste, pathological waste, other, etc.)	Facility Type (e.g., biomedical waste transfer facility, transfer station, etc.) and Facility Name and Address

Attachment J: Supplemental Application for Spill Clean-Up Contractors

1. Applicant Name:
(as indicated on the *Permit Application Transmittal Form*)

2. Company Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Answering Service Phone:

24-hour Phone Numbers:

List of Supervisors:

List of Full-time Employees:

3. Estimate the number of days in the past year that your company was operating out of state:

4. Equipment

Complete the following by listing all the equipment information requested for each piece of equipment. All equipment must be currently owned by the applicant.

a. Containment Equipment

1) Floating Barriers

Make/Model:

Flotation Collar Diameter:

Length of Section:

Total Length:

Skirt Length:

Make/Model:

Flotation Collar Diameter:

Length of Section:

Total Length:

Skirt Length:

Make/Model:

Flotation Collar Diameter:

Length of Section:

Total Length:

Skirt Length:

Make/Model:

Flotation Collar Diameter:

Length of Section:

Total Length:

Skirt Length:

Attachment J: Supplemental Application for Spill Clean-Up Contractors (cont.)

4. a. Containment Equipment (cont.)

2) Boats

Make/Model

Length

3) Motors

Make/Model

Horsepower

b. Removal Equipment

Skimmers:

Kind:

Size:

H.P.:

No.:

Pumps:

Kind:

Size:

H.P.:

No.:

Hose:

Size:

Length:

No.:

Adapters:

Size:

No.:

Reducers:

Size:

Description:

No.:

Fittings:

Kind:

No.:

Separation vessels:

Description:

Vacuum Trucks:

Type:

Tank Cap:

No.:

c. Separation Equipment

Tank Trucks:

Size:

No.:

Barge:

Size:

No.:

Storage Tanks:

Size:

No.:

Location:

Attachment J: Supplemental Application for Spill Clean-Up Contractors (cont.)

4. d. Clean-up Equipment

Bulldozer (No.):

Grader (No.):

Front-end Loader (No.):

Dump Trucks (No.):

Capacity:

Steam Jenny (No.):

Vacuum Truck (No.):

5. List all Equipment Storage Areas

Type:

24-Hour Phone #:

Address:

Type:

24-Hour Phone #:

Address:

Type:

24-Hour Phone #:

Address:

Type:

24-Hour Phone #:

Address:

6. List Equipment Maintenance Area

Type:

24-hour Phone Numbers:

Describe type of treatment facilities available for wastes generated from:

Vehicle washing (interior and exterior):

Boom cleaning:

Miscellaneous equipment cleaning:

Attachment J: Supplemental Application for Spill Clean-Up Contractors (cont.)

7. List Name and Address of Disposal Sites:

Private Site:

Public Site:

Other Arrangements (description):

8. Contract Information

- ☐ Check here to indicate that you have attached a detailed, itemization of hourly rates for manpower and equipment, and included a standard contract form with this attachment.

9. Employee Training

Enter a check mark for verification that the following requirements have been met.

- ☐ Employers/Employees involved in the post-emergency response clean-up of hazardous substances are in compliance with and familiar with all applicable requirements of Title 29 of the Code of Federal Regulations (CFR). The requirements under Title 29 CFR include: Part 1910.120-(L), (1), Emergency response; (L), (3), Off-site emergency response-training; (L), (5), Post-emergency response operations.

Applicant Certification of OSHA Training

I certify that all employers/employees have been trained to OSHA 1910.120 technician level prior to responding to emergency sites.

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)